

# APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

If You Need Additional Space, Continue Under "Remarks" Listing Item Number

1. Name (*Last, First, Middle Initial*) Mr Miss. Mrs. Ms. 1 a. Gender 2. Phone Number 3. Social Security Number

F ☐ M ☐

4. Present Address (*Street, City, State, Zip*)

5. Place of Birth

City/State

Foreign Country

6. Other Names Previously Used for Employment Purposes

7. Date of Birth

## GENERAL

8. Are you a U.S. Citizen? YES ☐ NO ☐ — If not, give the Country of your citizenship

9. a. Were you ever a federal civilian employee? YES ☐ NO ☐ — For highest civilian grade give: /  
grade step

b. Are you receiving a federal annuity payment? YES ☐ NO ☐

c. Are you receiving federal severance pay? YES ☐ NO ☐ Former agency contact/tel:

10. Do you have any relatives that are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you.  
YES ☐ NO ☐

11. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES ☐ NO ☐ If yes, explain under  
Remarks at the end of this form.

12. Have you ever been convicted? YES ☐ NO ☐ (You may omit: (1) offenses committed before your 18<sup>th</sup> birthday and adjudicated under a  
juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic  
violations for which you paid a fine of \$100 or less) If yes, explain under Remarks at the end of this form.

## EDUCATION

13. a. Do you have a high school diploma or G.E.D. equivalent? YES ☐ NO ☐ If yes, Date of Completion

b. Name and location of colleges or universities attended (including law schools)	Dates Attended		Number of		Degree	Date Received	Grade Point Average and/or scholastic standing
	Quarter	Semester	Quarter	Semester			
Chief Undergraduate Subjects	Credit Hours		Chief Graduate Subjects			Credit Hours	
	Quarter	Semester				Quarter	Semester

c. Special skills, accomplishments, awards, honors, fraternities, sororities & societies (Specify) YES ☐ NO ☐

d. What was your scholastic standing in college/law school (*Specify*)? UPPER ½ ☐ UPPER ⅓ ☐ UPPER ¼ ☐

e. Were you a member of an editorial board of law review or a moot court participant? YES ☐ NO ☐

f. Other schools or training such as trade, vocational, Armed Forces, or business. Give for each: Name and location of school, dates attended,  
subject studied, certificates, and any other pertinent data.

## MILITARY SERVICE

14. a. Have you ever served on active duty with the military? YES ☐ NO ☐ If yes, attach DD 214 member-4 copy, Notice of Separation.

b. Are you retired from military service? YES ☐ NO ☐

## APPLICANTS FOR LEGAL POSITIONS

15. a. Are you admitted to the Bar? YES ☐ NO ☐ If yes, list the Bar(s) to which admitted and date(s) of admission:

Is your Bar membership ACTIVE ☐ INACTIVE ☐

b. Did you attend a Bar review course? YES ☐ NO ☐ List type of course:

Dates Attending: From: mm/dd/yyyy To: mm/dd/yyyy

WORK EXPERIENCE

Include experience while in military service.  
 (Start with your present position and work back 10 years. Use additional page if necessary.)

A

Dates of Employment ( <i>month, day, year</i> ) From: _____ To _____		Number of hours worked per week: _____		Exact Title of Your Position _____	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step ( <i>If in federal Service</i> ) _____		Place of Employment City _____ State _____ _____	
Name and Address of Employer ( <i>firm, organization, etc.</i> ) _____				Name and Title of Immediate Supervisor _____	
Business Telephone: ( <i>Area Code and Phone Number</i> ) _____				Number of Employees Supervised _____	
Reason for Leaving _____					
Description of Work _____					

B

Dates of Employment ( <i>month, day, year</i> ) From: _____ To _____		Number of hours worked per week: _____		Exact Title of Your Position _____	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step ( <i>If in federal Service</i> ) _____		Place of Employment City _____ State _____ _____	
Name and Address of Employer ( <i>firm, organization, etc.</i> ) _____				Name and Title of Immediate Supervisor _____	
Business Telephone: ( <i>Area Code and Phone Number</i> ) _____				Number of Employees Supervised _____	
Reason for Leaving _____					
Description of Work _____					

REMARKS: (*Use this space for continuation of answers. List the number of items being continued.*)

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

## WORK EXPERIENCE CONTINUATION SHEET - AO 78

**C**

Dates of Employment ( <i>month, day, year</i> ) From: _____ To: _____		Number of hours worked per week: _____		Exact Title of Your Position _____	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step ( <i>If in federal Service</i> ) _____		Place of Employment City _____ State _____ Kind of Business or Organization _____	
Name and Address of Employer ( <i>firm, organization, etc.</i> ) _____				Name and Title of Immediate Supervisor _____	
Business Telephone: ( <i>Area Code and Phone Number</i> ) _____				Number of Employees Supervised _____	
Reason for Leaving _____					
Description of Work _____					

**D**

Dates of Employment ( <i>month, day, year</i> ) From: _____ To: _____		Number of hours worked per week: _____		Exact Title of Your Position _____	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step ( <i>If in federal Service</i> ) _____		Place of Employment City _____ State _____ Kind of Business or Organization _____	
Name and Address of Employer ( <i>firm, organization, etc.</i> ) _____				Name and Title of Immediate Supervisor _____	
Business Telephone: ( <i>Area Code and Phone Number</i> ) _____				Number of Employees Supervised _____	
Reason for Leaving _____					
Description of Work _____					

**REMARKS:** (*Use this space for continuation of answers. List the number of items being continued.*)

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